

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(INFERTILITY HISTORY)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

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INFERTILITY HISTORY

INTRODUCTION: I'll ask you some questions about times in your life when you could have become pregnant but did not. Those would have been times when you had heterosexual sexual intercourse on a regular basis without using birth control or after a tubal ligation or hysterectomy. A regular basis means about 3 or more times per month.

Q1. Were there periods of at least 12 months when you had heterosexual sexual intercourse regularly without using birth control and did not become pregnant?

YES...1

NO...5 (NEXT SECTION)

	Q2. What was the month and year of the (first/next) period of time when you had regular intercourse without becoming pregnant?	Q3. What was the month and year when this period of time ended?
1ST INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>
2ND INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>
3RD INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>
4TH INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>
5TH INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>
6TH INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>
7TH INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>
8TH INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>
9TH INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>
10TH INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>

Q3. Before _____(REFERENCE DATE), did you or your male partner ever visit a doctor, clinic, or hospital because of a problem becoming pregnant or to seek help in becoming pregnant?

YES...1

NO...5

Q4. Before _____(REFERENCE DATE), did you or your male partner ever have tests done _____ for infertility or because you were having a problem becoming pregnant?

YES...1

NO...5

Q5. How many times were you and your partner tested?

TESTS

	Q6. What was the result of the (1st/2nd/3rd/4th/5th) test? (CODE ALL THAT APPLY) <div>SHOW CARD</div>	Q7. How old were you when you were told this test result?
1ST TEST	_____ RESULT CODE	_____ AGE
2ND TEST	_____ RESULT CODE	_____ AGE
3RD TEST	_____ RESULT CODE	_____ AGE
4TH TEST	_____ RESULT CODE	_____ AGE
5TH TEST	_____ RESULT CODE	_____ AGE

Q8. Before _____(REFERENCE DATE), were you prescribed any medications to help you become pregnant?

YES...1

NO...5 (Q13)

	Q9. What was the name of the (1st/next) medication? <div>SHOW CARD</div>	Q10. In what month and year did you start taking (DRUG)?	Q11. In what month and year did you stop taking (DRUG)?	Q12. For how many cycles did you take (DRUG)?
1ST	_____/____/____/ FERTILITY DRUG CODE	____ ____ ____ ____ MONTH YEAR	____ ____ ____ ____ MONTH YEAR	____ ____ # OF CYCLES
2ND	_____/____/____/ FERTILITY DRUG CODE	____ ____ ____ ____ MONTH YEAR	____ ____ ____ ____ MONTH YEAR	____ ____ # OF CYCLES
3RD	_____/____/____/ FERTILITY DRUG CODE	____ ____ ____ ____ MONTH YEAR	____ ____ ____ ____ MONTH YEAR	____ ____ # OF CYCLES
4TH	_____/____/____/ FERTILITY DRUG CODE	____ ____ ____ ____ MONTH YEAR	____ ____ ____ ____ MONTH YEAR	____ ____ # OF CYCLES

Q13. Before _____(REFERENCE DATE), did you ever have infertility surgery or any other procedures to help you become pregnant?

YES...1

NO...5 (NEXT SECTION)

	<div>Q14. What was the name of the (1st/next) procedure?</div> <div>SHOW CARD</div>	<div>Q15. How old were you when you <u>first</u> had this surgery or procedure?</div>
1ST TEST	<div><div></div><div>PROC CODE</div></div>	<div><div></div><div>AGE</div></div>
2ND TEST	<div><div></div><div>PROC CODE</div></div>	<div><div></div><div>AGE</div></div>
3RD TEST	<div><div></div><div>PROC CODE</div></div>	<div><div></div><div>AGE</div></div>
4TH TEST	<div><div></div><div>PROC CODE</div></div>	<div><div></div><div>AGE</div></div>
5TH TEST	<div><div></div><div>PROC CODE</div></div>	<div><div></div><div>AGE</div></div>

Procedures To Help You Become Pregnant

PELVIC ADHESION REMOVAL

ARTIFICIAL INSEMINATION

IN VITRO FERTILIZATION

GAMETE INTRA-FALLOPIAN TRANSFER (GIFT)

ZYGOTE INTRA-FALLOPIAN TRANSFER (ZIFT)

TUBOPLASTY

TUBAL LIGATION REVERSAL

VASECTOMY REVERSAL

Test Results

1. Nothing found
2. Partner had problem(s), such as low sperm count or other problem with sperm
3. Problem with cervical mucous
4. Problem with tubes, such as blocked tubes
5. Problem with ovary(ies), such as cysts or did not produce eggs
6. Endocrine problem or problem with hormones, such as luteal phase defect
7. Problem with womb or uterus
8. Endometriosis
- 88 Other (SPECIFY)

Medications To Help You Become Pregnant

Clomid

Clomiphene Citrate

Danazol

Danocrine

HCG

Lupron Depot

Milophene

Nolvadex (Tamoxifen)

Pergonal

Serophene

Synarel Nasal Solution

Other (SPECIFY)

*Use of trade names is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services or the Public Health Service.